

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-157-23,091-00-00

LEASE NAME Rein

WELL NUMBER 4

TYPE OR PRINT
NOTICE: Fill out completely and return
to Cons. Div. office within 30 days.

3630 Ft. from S/N Line of Section (circle one)

2970 Ft. from E/W Line of Section (circle one)

LEASE OPERATOR Bennett & Schulte Oil Co.

SPOT LOCATION NE - SE - NW

ADDRESS P.O. Box 329

SEC. 13 TWP. 14 S. RGE 13 (E or W)

CITY, STATE, ZIP Russell, KS 67665

COUNTY Russell

PHONE# 913 483-2722 OPERATORS LICENSE NO. 6246

Date Well Completed 9/13/94

Character of Well Oil
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Date Plugging Commenced 4/7/95

Date Plugging Completed 4/7/95

The plugging proposal was approved on 4/7/95 (date)
by Rod Deines (KCC District Agent's Name)

Is ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation(s) Tarkio Depth to Top 2457 Bottom 2463 T.D. 3057

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULL OUT
				8 5/8"	427	None
				5 1/2"	2613	1630'

Described in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each set.

Sanded back to 2400'. Dumped 5 sks cement on top 1475' 100 sks and 300 hulls.
875' 30 sks and 100 hulls.
450' 80 sks and 100 hulls.
top 25 sks

Cement 60/40 poz 10% gel.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Bennett & Schulte Oil Company

License No. 325

Address P.O. Box 329 Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

STATE OF Kansas COUNTY OF Russell, ss.

Frank Schulte (Employee of Operator or (Operator) of above-described well, being first

duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Frank Schulte

(Address) P.O. Box 329 Russell, KS 67665

SUBSCRIBED AND SWORN TO before me this 26th day of June, 19 95

RALPH L. SCHULTE
NOTARY PUBLIC
STATE OF KANSAS
MY APT. EXPIRES 11-8-98

Ralph L. Schulte
Notary Public

5661
06-30-95